

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

| | | | |
|----------------|----------------------------------------------------------|-------------------------|---------------------------|
| SUBMISSION ID: | 458388 | STATUS: | Original |
| FACILITY: | Dovetail Energy LLC - Anaerobic | PERMIT NUMBER: | 1IN00305*AD |
| LOCATION: | Digestion Facility 1146 Herr Rd Fairborn, OH 45324 | STATION CODE: | 581 |
| COUNTY: | Greene | MONITORING PERIOD : | 2014-11-01 To: 2014-11-30 |
| DISTRICT: | SWDO | REPORTING LAB: | Masi Environmental |
| | | ANALYST: | T. Cooper |
| | | NO DISCHARGE INDICATOR: | |

| PARAMETER | Biochemical Oxygen Demand, 5 Day | pH | Oil and Grease, Hexane Extr Method | Ammonia (NH3) In Sludge | Nitrogen Kjeldahl, Total In Sludge | Phosphorus, Total In Sludge | Potassium In Sludge |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------|----------------------------------------------------------------|------------------------------------|------------------------------------------------|---------------------|
| PARAMETER CODE | 00310 | 00400 | 00552 | 00611 | 00627 | 00668 | 00938 |
| UNITS | mg/l | S.U. | mg/l | mg/kg | mg/kg | mg/kg | mg/kg |
| FREQUENCY | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month |
| SAMPLING TYPE | Composite | Composite | Composite | Composite | Composite | Composite | Composite |
| 2014-11-01 | | | | | | | |
| 2014-11-02 | | | | | | | |
| 2014-11-03 | | | | | | | |
| 2014-11-04 | | | | | | | |
| 2014-11-05 | | | | | | | |
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| 2014-11-14 | | | | | | | |
| 2014-11-15 | | | | | | | |
| 2014-11-16 | | | | | | | |
| 2014-11-17 | 17000 | 7.71 | 500 | 83000 | 123000 | 25000 | 22600 |
| 2014-11-18 | | | | | | | |
| 2014-11-19 | | | | | | | |
| 2014-11-20 | | | | | | | |
| 2014-11-21 | | | | | | | |
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| 2014-11-26 | | | | | | | |
| 2014-11-27 | | | | | | | |
| 2014-11-28 | | | | | | | |
| 2014-11-29 | | | | | | | |
| 2014-11-30 | | | | | | | |
| Minimum | 17000.0 | 7.71 | 500.0 | 83000.0 | 123000.0 | 25000.0 | 22600.0 |
| Maximum | 17000.0 | 7.71 | 500.0 | 83000.0 | 123000.0 | 25000.0 | 22600.0 |
| Average | 17000 | | 500 | 83000 | 123000 | 25000 | 22600 |
| Count | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Name of Responsible Official or Authorized Representative | I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | | Signature of Responsible Official or Authorized Representative | | Submission Date/Time | |
| Bruce Bailey | | | | | | Certification Version Date 2014-12-16 07:12 | |

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| DISTRICT: | SWDO | REPORTING LAB: | Masi Environmental |
| | | ANALYST: | T. Cooper |
| | | NO DISCHARGE INDICATOR: | |

| PARAMETER | Arsenic, Total In Sludge | Cadmium, Total In Sludge | Copper, Total In Sludge | Lead, Total In Sludge | Nickel, Total In Sludge | Zinc, Total In Sludge | Selenium, Total In Sludge |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------|----------------------------------------------------------------|-------------------------|------------------------------------------------|---------------------------|
| PARAMETER CODE | 01003 | 01028 | 01043 | 01052 | 01068 | 01093 | 01148 |
| UNITS | mg/kg | mg/kg | mg/kg | mg/kg | mg/kg | mg/kg | mg/kg |
| FREQUENCY | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month |
| SAMPLING TYPE | Composite | Composite | Composite | Composite | Composite | Composite | Composite |
| 2014-11-01 | | | | | | | |
| 2014-11-02 | | | | | | | |
| 2014-11-03 | | | | | | | |
| 2014-11-04 | | | | | | | |
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| 2014-11-14 | | | | | | | |
| 2014-11-15 | | | | | | | |
| 2014-11-16 | | | | | | | |
| 2014-11-17 | 8 | 1 | 274 | 7 | 12 | 268 | 3 |
| 2014-11-18 | | | | | | | |
| 2014-11-19 | | | | | | | |
| 2014-11-20 | | | | | | | |
| 2014-11-21 | | | | | | | |
| 2014-11-22 | | | | | | | |
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| 2014-11-27 | | | | | | | |
| 2014-11-28 | | | | | | | |
| 2014-11-29 | | | | | | | |
| 2014-11-30 | | | | | | | |
| Minimum | 8.0 | 1.0 | 274.0 | 7.0 | 12.0 | 268.0 | 3.0 |
| Maximum | 8.0 | 1.0 | 274.0 | 7.0 | 12.0 | 268.0 | 3.0 |
| Average | 8 | 1 | 274 | 7 | 12 | 268 | 3 |
| Count | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Name of Responsible Official or Authorized Representative | I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | | Signature of Responsible Official or Authorized Representative | | Submission Date/Time | |
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| | Fairborn, OH 45324 | REPORTING LAB: | Masi Environmental |
| COUNTY: | Greene | ANALYST: | T. Cooper |
| DISTRICT: | SWDO | NO DISCHARGE INDICATOR: | |

| PARAMETER | Fecal Coliform in Sludge | Sludge Fee Weight | Sludge Weight | Sludge Solids, Percent Total | Mercury, Total In Sludge | Molybdenum In Sludge | |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------|-------------------------------------------------------------------|-----------------------------|-------------------------------------------------------|--|
| PARAMETER CODE | 31641 | 51129 | 70316 | 70318 | 71921 | 78465 | |
| UNITS | MPN/G | dry tons | Dry Tons | % | mg/kg | mg/kg | |
| FREQUENCY | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | |
| SAMPLING TYPE | Composite | Total | Total | Composite | Composite | Composite | |
| 2014-11-01 | | | | | | | |
| 2014-11-02 | | | | | | | |
| 2014-11-03 | | | | | | | |
| 2014-11-04 | | | | | | | |
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| 2014-11-14 | | | | | | | |
| 2014-11-15 | | | | | | | |
| 2014-11-16 | | | | | | | |
| 2014-11-17 | 41748 | 38 | 80 | 3.88 | 0.05 | 11 | |
| 2014-11-18 | | | | | | | |
| 2014-11-19 | | | | | | | |
| 2014-11-20 | | | | | | | |
| 2014-11-21 | | | | | | | |
| 2014-11-22 | | | | | | | |
| 2014-11-23 | | | | | | | |
| 2014-11-24 | | | | | | | |
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| 2014-11-27 | | | | | | | |
| 2014-11-28 | | | | | | | |
| 2014-11-29 | | | | | | | |
| 2014-11-30 | | | | | | | |
| Minimum | 41748.0 | 38.0 | 80.0 | 3.88 | 0.05 | 11.0 | |
| Maximum | 41748.0 | 38.0 | 80.0 | 3.88 | 0.05 | 11.0 | |
| Average | 41748 | 38 | 80 | 3.88 | 0.05 | 11 | |
| Count | 1 | 1 | 1 | 1 | 1 | 1 | |
| Name of Responsible Official or Authorized Representative | I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | | Signature of Responsible Official or Authorized Representative | | Submission Date/Time | |
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| | Fairborn, OH 45324 | REPORTING LAB: | |
| COUNTY: | Greene | ANALYST: | |
| DISTRICT: | SWDO | NO DISCHARGE INDICATOR: | AL |

| PARAMETER | Biochemical Oxygen Demand, 5 Day | pH | Oil and Grease, Hexane Extr Method | Ammonia (NH3) In Sludge | Nitrogen Kjeldahl, Total In Sludge | Phosphorus, Total In Sludge | Potassium In Sludge |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------|----------------------------------------------------------------|------------------------------------|------------------------------------------------|---------------------|
| PARAMETER CODE | 00310 | 00400 | 00552 | 00611 | 00627 | 00668 | 00938 |
| UNITS | mg/l | S.U. | mg/l | mg/kg | mg/kg | mg/kg | mg/kg |
| FREQUENCY | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month |
| SAMPLING TYPE | Composite | Composite | Composite | Composite | Composite | Composite | Composite |
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| 2014-11-02 | | | | | | | |
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| 2014-11-30 | | | | | | | |
| Minimum | | | | | | | |
| Maximum | | | | | | | |
| Average | | | | | | | |
| Count | | | | | | | |
| Name of Responsible Official or Authorized Representative | I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | | Signature of Responsible Official or Authorized Representative | | Submission Date/Time | |
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| | Fairborn, OH 45324 | REPORTING LAB: | |
| COUNTY: | Greene | ANALYST: | |
| DISTRICT: | SWDO | NO DISCHARGE INDICATOR: | AL |

| PARAMETER | Arsenic, Total In Sludge | Cadmium, Total In Sludge | Copper, Total In Sludge | Lead, Total In Sludge | Nickel, Total In Sludge | Zinc, Total In Sludge | Selenium, Total In Sludge |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------|----------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------|---------------------------|
| PARAMETER CODE | 01003 | 01028 | 01043 | 01052 | 01068 | 01093 | 01148 |
| UNITS | mg/kg | mg/kg | mg/kg | mg/kg | mg/kg | mg/kg | mg/kg |
| FREQUENCY | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month |
| SAMPLING TYPE | Composite | Composite | Composite | Composite | Composite | Composite | Composite |
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| 2014-11-29 | | | | | | | |
| 2014-11-30 | | | | | | | |
| Minimum | | | | | | | |
| Maximum | | | | | | | |
| Average | | | | | | | |
| Count | | | | | | | |
| Name of Responsible Official or Authorized Representative | I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | | Signature of Responsible Official or Authorized Representative | | Submission Date/Time Certification Version Date 2014-12-16 07:12 | |
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| | Fairborn, OH 45324 | REPORTING LAB: | |
| COUNTY: | Greene | ANALYST: | |
| DISTRICT: | SWDO | NO DISCHARGE INDICATOR: | AL |

| PARAMETER | Fecal Coliform in Sludge | Sludge Fee Weight | Sludge Weight | Mercury, Total In Sludge | Molybdenum In Sludge | | |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------|----------------------------------------------------------------|-------------------------|---------------------------------------------------|--|
| PARAMETER CODE | 31641 | 51129 | 70316 | 71921 | 78465 | | |
| UNITS | MPN/G | dry tons | Dry Tons | mg/kg | mg/kg | | |
| FREQUENCY | 1/Month | 1/Month | 1/Month | 1/Month | 1/Month | | |
| SAMPLING TYPE | Multiple Grab | Total | Total | Composite | Composite | | |
| 2014-11-01 | | | | | | | |
| 2014-11-02 | | | | | | | |
| 2014-11-03 | | | | | | | |
| 2014-11-04 | | | | | | | |
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| 2014-11-29 | | | | | | | |
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| Minimum | | | | | | | |
| Maximum | | | | | | | |
| Average | | | | | | | |
| Count | | | | | | | |
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FACILITY:

Dovetail Energy LLC - Anaerobic
Digestion Facility

PERMIT NUMBER:

1IN00305*AD

LOCATION:

1146 Herr Rd

MONITORING PERIOD :

2014-11-01 To: 2014-11-30

Fairborn, OH 45324

PARAMETER COMMENTS:

| Station Code | Parameter Name | Parameter Code | Date | Unit | Comment |
|-----------------|-------------------|-------------------|------|------|---------|
|-----------------|-------------------|-------------------|------|------|---------|